

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Applicant

Case Number: _____

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served copies of the "**Application for Change of Name**" and the "**Notice of Hearing Regarding Application for Change of Name**" on the person named below by certified mail/restricted delivery, return receipt requested.

Person served (name of other party): _____

Address where other party was served: _____

Date of receipt by the other party: _____

2. The Application and Notice listed above were received by the other party as shown by the receipt, the original of which is attached to this Affidavit on a separate piece of paper.

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Petitioner's Signature

Sworn to or Affirmed before me this _____ by _____
(Date)

Printed Name

My Commission Expires: (or _____
Seal below)

Deputy Clerk or ☐ Notary Public